

East Arkansas Youth Services, Inc.

Items you must have to be considered for employment:

1. _____ Copy of Social Security Card
2. _____ Copy of Drivers' License
3. _____ Card Tag # _____
4. _____ Copy of Liability Insurance
5. _____ Copy of High School Diploma/GED/Degree
6. _____ Three (3) Letter of Recommendation (Please include phone numbers)
(1) From a Former Employer

*****A resume may be attached, but in no way is it considered a substitution for a completed application. All areas of the application must be filled out completely to be considered for employment. *****

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () _____ : _____ AM
PM

Are you at least 21 years of age?(This is a requirement of childcare license). _____ Yes No

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | | | |
|---|------------------------------|---------------------------|-----------|--|
| EMPLOYER | TELEPHONE# () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | | | | |
| | | HOURLY RATE/SALARY | | |
| | | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | | | |
| | | HOURLY RATE/SALARY | | |
| | | FINAL | | |
| | | \$ | PER | |
| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | | | | |
| | | HOURLY RATE/SALARY | | |
| | | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | | | |
| | | HOURLY RATE/SALARY | | |
| | | FINAL | | |
| | | \$ | PER | |
| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | | | | |
| | | HOURLY RATE/SALARY | | |
| | | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | | | |
| | | HOURLY RATE/SALARY | | |
| | | FINAL | | |
| | | \$ | PER | |
| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
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| ADDRESS | | | | |
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| | | HOURLY RATE/SALARY | | |
| | | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | | | |
| | | HOURLY RATE/SALARY | | |
| | | FINAL | | |
| | | \$ | PER | |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

| A. SCHOOL | B. NUMBER OF YEARS COMPLETED | C. DEGREE DIPLOMA | D. GPA CLASS RANK | E. MAJOR | F. MINOR |
|-----------|------------------------------|-------------------|-------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

| NAME | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|-----------|-----------------------|
| | () | |
| | () | |
| | () | |

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____

**East Arkansas Youth Services, Inc.
Authorization for Verification of Employment**

| | |
|-------------------------|--|
| Applicant's Name | |
| SS# | I hereby authorize you to provide any information you may have regarding my job performance and character. |
| | <div style="display: flex; justify-content: space-between;"> Applicant's Signature _____ _____ Date </div> |

To Whom it May Concern:

The applicant named above has recently submitted an application for employment with East Arkansas Youth Services, Inc. Please complete this sheet for verification of his/her employment with your company.

| | |
|---|---------------------|
| Company Name | |
| Final Position Applicant Held | |
| Note: If starting position was different. | |
| Employed | From _____ To _____ |
| Responsibilities: | |

| | Employment Evaluation (X) Appropriate Boxes | | | | |
|-----------------|--|------|--------------|------|----------------|
| | Excellent | Good | Satisfactory | Fair | Unsatisfactory |
| Attendance | | | | | |
| Cooperation | | | | | |
| Initiative | | | | | |
| Job Knowledge | | | | | |
| Quality of Work | | | | | |

| | | | |
|--|----|----------------------------|------------------------------|
| Additional Comments: | | | |
| Eligible for Rehire? | | Reason for Leaving: | |
| Yes | No | | |
| Signature | | Title | Date |
| If this is a phone reference: | | | |
| Name of Person and Title giving the phone reference | | Date | Phone Reference Check |
| | | | Conducted by _____ |

East Arkansas Youth Services, Inc.
104 Cypress Avenue
Marion, Arkansas 72364

Authorization for Criminal Records Check

I authorize East Arkansas Youth Services to perform a Child Maltreatment and Criminal Background Check for the purpose of employment.

Name: _____
(Please Print)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Race: _____ Gender: _____

Social Security Number: _____

Driver's License:

State: _____ Driver's License #: _____

Have you lived in any other state? _____

If **yes**, list what other state(s): _____

I understand that my continued employment is contingent upon passing the child maltreatment and criminal background checks.

Signature

Date